

Yourlife Management Services Limited

Your Life (Cheltenham)

Inspection report

Jenner Court
St Georges Road
Cheltenham
GL50 3ER

Tel: 01242571704
Website: www.yourlife.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 11 July 2017 and was announced. Your Life (Cheltenham) provides domiciliary care and support for people living in Jenner Court. Jenner Court is a sheltered housing complex in Cheltenham. Staff from Your Life (Cheltenham) provide care and domestic support to people who live at Jenner Court. While many people were living in Jenner Court and received domestic support, we only inspected the service provided to people who received support with their personal care (as regulated by CQC). At the time of our inspection eight people were receiving personal care from Your Life (Cheltenham). This included support with maintaining personal hygiene, eating and drinking and medicines.

We last inspected the service in March 2016. At the March 2016 inspection we rated the service as "Requires Improvement". We found the provider was meeting all of the requirements of the regulations at that time; however we found that good practices had not always been established and maintained in relation to the amount of staff deployed and maintaining people's care records. During this inspection we found improvements had been made to how staff were deployed and in the maintenance of people's care records.

Since our March 2016 inspection a new registered manager had been recruited and registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and comfortable living at Jenner Court, and when receiving support from Your Life (Cheltenham) care staff. People felt their needs were met by skilled and dedicated care staff. People spoke confidently about the registered manager and were happy with the care and support they received. People received personalised care in order to meet their needs. This included help with personal hygiene needs and with taking their prescribed medicines. People told us they felt listened to and they could not fault the care they received.

Care staff told us the service had improved. Staff had access to appropriate training and had the skills they needed to meet people's needs. They spoke confidently about the support they had received from the registered manager and they told us their professional development was promoted.

The registered manager and provider had systems to monitor the quality of service people received. The systems enabled the registered manager and provider to identify concerns and drive improvements. People's views were sought and acted on by the registered manager to improve the quality of the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe living at Jenner Court and when receiving care from care staff. Care staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them. Staff told us they had enough time to assist people in a safe and calm manner. The provider and manager ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear guidance to staff on how to manage these risks. Where people needed assistance with medicines, this was done in a safe manner.

Good ●

Is the service effective?

The service was effective. People were supported by staff who had the skills they needed to meet people's needs. Care staff had access to effective professional development. They received one to one meetings with their line managers and felt supported.

People were supported to make choices and care staff had knowledge in relation to the Mental Capacity Act 2005.

Where necessary, people were supported with their dietary and healthcare needs.

Good ●

Is the service caring?

The service was caring. People spoke highly about the care staff and felt they were treated with dignity and respect.

There was a caring culture across the service. Staff spoke about people in a kind and a caring manner.

People were supported to express their views and were involved in making decisions regarding their care and support.

Good ●

Is the service responsive?

Good ●

The service was responsive. People's care plans were personalised to people's specific needs.

People were involved in the planning of their care.

People were confident their comments and concerns were listened to and acted upon by the registered manager and provider.

Is the service well-led?

The service was well-led. People felt the registered manager was approachable.

The registered manager and provider had systems in place which enabled them to monitor the quality of service being provided, identify shortfalls and take action to address these.

The views of people, their relatives and staff were sought and acted upon.

Good ●

Your Life (Cheltenham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2017 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. The inspection was carried out by one inspector.

We reviewed the information we held about the service. We reviewed the notifications about important events which the service is required to send us by law.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during our inspection.

We spoke with six people who were receiving care and support from the service. We also spoke with three staff members which included one care and domestic worker, a duty manager and the registered manager. We reviewed four people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe living in Jenner Court and when receiving support from care staff. Comments included; "Yes, I do feel safe"; "Safety factor is a big thing here. You do feel safe, that security is a big thing"; "Definitely feel safe" and "You feel safe. This place is safe; it's one of the best ones."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the care supervisor, manager or the provider. One staff member said, "I'd report (concern) to the manager, it must be sorted." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority's safeguarding team or CQC. They said, "I'd go to the area manager and then the local authority" If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action and report the concern.

People's care plans contained assessments on all aspects of their individual support needs People's risks had been identified, assessed and documented. These included risks relating to: safe moving and handling, people's nutrition and hydration and their medicines administration. Care staff had clear guidance on how to protect people from their individual risks. For example, one person needed support from care staff and equipment to enable them to safely mobilise. The guidance told staff how to assist this person to move safely and stated the risks to this person if the guidance was not followed, This included the risk of falling.

People told us when staff arrived at their accommodation they spent the time they expected with them. Comments included: "The staff are good, they turn up when I expect them to"; "The staff come in when I expect a few times a day"; "The carers come to give me a shower at our agreed time" and "No one could be happier with the carers than me."

People also benefitted from using an emergency bell system which was operated by the service. One person told us how they had used the emergency bell and how impressed they were with the staff response. They said, "Duty were so good when I fell. If I need duty, I press my button; they'd be quick to come. I'm lucky here." Another person told us, "There is always someone on call." This meant people felt they had a safety system to reassure them that they will receive assistance in the event of an emergency.

Care staff told us there were enough staff deployed to ensure people could have their care visits as required. One member of staff told us, "We have got enough time". Another member of staff said, "We work together well. We never feel tired, we get enough time to rest." The registered manager kept and maintained a clear rota of the care and domestic support people received. This enabled them to ensure there were enough staff on duty to provide care to people who required it. Since our last inspection the registered manager had reviewed the staff structure at Your Life (Cheltenham) to ensure care staff had the time to carry out people's care visits and other duties associated with their role.

Records relating to the recruitment of new care staff showed relevant checks had been completed before

staff worked unsupervised in people's homes. These included employment references and disclosure and barring checks (DBS). A DBS request enables employers to have the criminal records of employees and potential employees checked, in order to ascertain whether or not they are suitable to work with vulnerable adults or children. These checks assisted the provider to make safer recruitment decisions. Where necessary the provider had made relevant checks to ensure people were legally entitled to work. All staff had to complete a health questionnaire to check if they were mentally and physically well to meet people's needs.

People told us where required care staff assisted them with their prescribed medicines. One person told us, "They remind me to take my medicines." Another person said, "They give me my medicines just as I like them." People's medicine administration records were consistently well maintained and no concerns were raised regarding the administration of medicines. Care staff informed us they had the training they required to assist people with their prescribed medicines. Where people were able to self-administer their medicines, there was clear guidance and risk assessments in place to ensure people's needs were met.

Is the service effective?

Our findings

People were positive about the care staff and felt they were skilled to meet their needs. Comments included: "All very good"; "Couldn't have better care. The girls are very nice girls, I do feel they are well trained"; "They are very good at helping me" and "The staff are good, they must be well trained."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "We have everything, training, really good induction." and "I feel I have everything I need." Staff told us they would be supported to undertake additional training as required, for example when people's needs changed. One staff member said, "If someone's needs changes, we get the support to meet their needs."

Care staff felt supported to develop professionally. One staff member spoke positively about the support and access they had to additional training and qualifications in health and social care. They told us, "We're able to ask for training and they will provide it, they support our development." The registered manager told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the register manager to monitor staff competences against expected standards of care.

People received care from care staff who were supported and had access to frequent one to one meetings with the registered manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about these meetings and felt they were supported. Comments included: "I've got support" and "There is always someone there for support."

Care staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "We have one person whose capacity can fluctuate, we always ask permission, we respect them" and "We give people choice. When giving care, we are always asking, always providing choice."

All of the people receiving personal care support from Your Life (Cheltenham) had the capacity to consent to the care they received from care staff. A clear record of each person's consent to care was clearly recorded in their care plans and was identified as part of their initial assessment. One person had been assessed as having the capacity to make day to day decisions regarding their care, however did not have the mental capacity to make significant decisions. There were clear mental capacity assessments in place regarding the person's capacity to make specific decisions in relation to their care and the support they required from care staff.

Where people had appointed Lasting Power of Attorneys (LPA) (representatives who were appointed to make decisions in relation to health and wellbeing or finances and affairs) a clear record was held by the registered manager of who had LPA or evidence to reflect this. While people's records identified they had the capacity to make decisions, these people had made advanced decisions to appoint Lasting Power of Attorneys to support their decision making if they were to lack capacity in the future.

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "The staff don't pressure me" and "They do what I want."

People spoke positively about the food and drink care staff prepared them. One person who was assisted with their dietary needs told us, "The food is very good." Another person told us, "They get my breakfast for me; they leave it close to me so I'm very good."

People's care records documented the support they needed with their nutritional requirements. For example, one person required support with the provision of their meals. Care staff were aware of these needs and spoke confidently about how they assisted them. One member of staff told us, "We support one person with their meals. We know what they like and we promote choice."

People were mainly independent with their personal access to additional healthcare professionals. People we spoke with talked about accessing clinical care independently. At the time of our inspection, people were not receiving support from additional healthcare professionals and people were independent in arranging their own healthcare appointments.

Is the service caring?

Our findings

People spoke positively about the care they received and the care staff supporting them. Comments included: "Staff are brilliant with us"; "I get wonderful care, its good", "I'm very happy with the care here" and "I couldn't have better care."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories, preferences and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "We are a good team. I think we are good team at providing good care" and "We're a good team here and it works."

People told us they were treated with dignity and respect by care staff. Comments included: "Definitely dignified, I can't praise them enough", "Really, very kind and dignified, I never feel like I'm not respected" and "They treat me with respect. I made the right decision coming here." People spoke positively about the caring relationships they had developed with staff and how it was important to them. One person told us, "They're all very nice. They do the little things for me as well as the big things. I know I can talk to them."

Care staff told us the importance of respecting people's dignity. One care staff told us, "We always ask for permission to assist people, we never leave them exposed. You've always got to remember and respect this is their home" Another care staff said, "Everything is confidential. When showering people we always make sure people are covered. We respect people's homes, knock on the door and always announce." We observed and heard care staff and the registered manager knocking on people's apartment doors and introducing themselves before they entered.

People told us they felt comfortable with care staff and were supported to build positive relationships. People told us they benefitted from good continuity of care. One person said, "I have regular carers at the moment, it's perfect." They explained how this helped to build familiarity with the care staff and made them feel more comfortable. Staff spoke positively about providing continuity of care. One member of staff said, "It's good because we have a team of staff, and we get to know people well."

People were supported to express their views and were involved in making decisions regarding their care and support. One person discussed the support they had from care staff and how they liked to assist care staff. They told us they were asked for their views on the care and were involved in ensuring the care remained current. They said, "I'm independent, I like to help them (care staff), I'm a bit of a perfectionist, I always want to help, be involved and be ready."

Is the service responsive?

Our findings

People spoke positively about the personalised care they received and felt they were involved. Comments included: "It's all about me and my needs"; "Always, always, always, I know it's about my needs"; "They really do help me. They help me to go to the dining room. I have to rely on (equipment), but they help me how I want" and "The focus is clearly on me."

People were involved in all decisions about their care. Thorough assessments were carried out with people before they started using the service. Assessments included areas such as; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance of how they should be supported with their personal hygiene needs. One person spoke positively about the assessment process and said, "They involved me all the way, I'm confident it's just about me."

Assessments were used to develop detailed care plans that identified people's needs and their personal support requirements. For example, one person's care plan documented the support they required from care staff in relation to, food and drink, personal hygiene and dressing. Clear guidance was provided to care staff to ensure they had the information they needed to meet the persons' needs.

Since our last inspection, the registered manager had implemented a new care assessment system for all people receiving personal care from Your Life (Cheltenham). The registered manager informed us they had taken this action in response to our last inspection. They had reviewed the care assessment templates to ensure people's care records were personalised. They also ensured people's care records were regularly reviewed so they reflected people's on-going needs.

People told us the registered manager and care staff were responsive to any changes in people's needs. For example, one person spoke positively about care staff assisting them after they had a recent hospital admission. They said, "I can't fault how they had been so flexible with my care. I've been so lucky."

People felt the service was flexible to their needs. For example, one person told us how their care and support was being changed to assist them with more aspects of their personal care which they struggled with. They told us, "Every day I want someone to help me put on my socks. They are getting this sorted for me."

People told us they were involved in the planning and reviewing their care. People were involved in the assessment of their needs and people were spoken to clearly explained how the care they received was tailored to their needs. One person said, "I wrote my own care plan, staff know what I want."

People told us they knew how to make a complaint and had a copy of the service's complaints policy and information about how to make a complaint. Everyone spoke confidently about raising their concerns, and felt they were listened to. Comments included: "I would go to the registered manager"; "If I thought something was wrong, I would mention it" and "I have no complaints."

The registered manager had a log of compliments and complaints. The registered manager had received no complaints since our last inspection in March 2016. Compliments were kept by the registered manager and passed to care staff. While there had been no complaints, people's views and concerns were sought at the "home owner" meetings to ensure issues were resolved.

People were encouraged and supported to organise their own activities and events in Jenner Court. This included coffee meetings as well as weekly films. People spoke positively about their social lives in Jenner Court. One person said, "I have a lovely apartment. I don't tend to get involved, however I know it's available."

Is the service well-led?

Our findings

People spoke positively about the registered manager. They also told us how their views were listened to and respected. Comments included: "We have a wonderful manager"; "(registered manager) is very good"; "He is excellent at his job"; "He is the third manager (we've had) and he's the best" and "(registered manager) is excellent, he's available, he'll listen to you, he'll help you. Very good."

Care staff spoke positively about the registered manager. One member of staff told us, "(registered manager is) Really good, made good improvements, the care plans are really good." Another member of staff said, "New manager is fantastic. Very hands on and approachable. You can speak to him about any issues. He knows us and I've not heard a bad word." They also told us that the registered manager had made some good improvements regarding care plans and the deployment and structure of staff. They said, "There have been positive changes. Communication is better and care plans have a lot more detail in them."

The registered manager and provider sought people's feedback about the service. A quality assurance survey of people's views had been carried out in June 2017. People told us they had filled this form in and given the service positive feedback. Results of the feedback were very positive with people stating they were happy about the quality of the service they received. Feedback from this survey was being collated to be shared with people living at Jenner Court.

Additionally, the registered manager carried out "home owner" meetings with all people living at Jenner Court. These meetings discussed any issues people had regarding the service, such as how pendant alarms work. The registered manager also provided clear information on key subjects such as fire drills and the fire procedure people needed to follow in the event of a fire. They used these meetings to ensure people had the information they needed to be reassured and feel safe.

The registered manager carried out checks and audits to ensure the quality of the service was maintained. These included spot checks of the environment, medicine administration records and incident and accident audits. Where any shortfalls or trends had been identified the registered manager had taken effective action. Information about these had been discussed in staff meetings.

The registered manager ensured care staff had the information they required to meet people's needs and carry out their duties effectively. The registered manager operated a weekly policy sign off, where staff were asked to read and sign a document when they had read the policy. Staff confirmed this was useful and gave them the information they required, The registered manager also carried out competency assessments on care staff practices such as the management of medicine. These assessments had not identified any concerns regarding staff competency.